

Verification of Licensure and Certification of State Board Written Examination Grades MD/DO/DPM Licensure

Revised 07/2021

INSTRUCTIONS TO APPLICANT: Complete UPPER portion of form and send directly to each State Board to which you have applied for an UNLIMITED License. State Board is to complete LOWER portion of the form and return **DIRECTLY** to the OREGON MEDICAL BOARD. Contact each state Board to determine required fee to be submitted with your request.

Last Name		First Name			Middle Name		
Other Names yo	ou have been known by	DOB (mm/dd/	уу)	Last 4 SSN	License Numbe		e Issued n/dd/yy)
Street Address							
City, State, Zip (Code						
authorize the re	elease of all pertinent infor	mation, favorable o	or otherwise, t	o the Oregon Me	dical Board.		
Signature					Date		
	TO STATE BOARD: Please the State Board. Faxed res		accepted.	rn it to the Board		ow. Pleas	
		(mm/dd/yy)				m/dd/yy)	
MD/DO/DPM	□ State Board Written Ex	amination	OTHER	Dentist			
	National Board Writter	1 Examination		□ Nurse			
	□ LMCC Examination			🗆 Physiciar	Assistant		
	□ USMLE Examination (Si	teps 1, 2, and 3)		□ Acupunc	turist		
	□ USMLE Examination (C	ombinations)		□ Other:			
	□ Reciprocity with:			-			
	nt currently the subject of a es, please attach details.	pending investigation	on by a licensir	ng or disciplinary a	authority in your	□ YES	
2. Has the ap	oplicant's license ever been	denied, limited, surr	rendered, repr	imanded, suspend	led, or revoked?	□ YES	□ NO



Verification of Licensure and **Certification of State Board Written Examination Grades** MD/DO/DPM Licensure Revised 07/2021

I certify, to the best of my knowledge, the information above is true according to the records of the Board.

Signature		
Print Name	Date:	:
Title		
Name of Board		
Mailing Street		
City	State Z	ip
Phone		
E-mail		

Affix Seal Here